

# Health

## DoD striving for affordable, 'world-class' health care

**Samantha L. Quigley**  
*American Forces Press Service*

The Defense Department is working to stem the rising cost of its military health system, which has essentially doubled since 2001, a senior defense health official said.

In 2001, military-health-system spending was about \$18 billion; today it is more than \$36 billion. And in the next four to five years, it is likely that the total budget will exceed \$50 billion, Dr. William Winkenwerder Jr., assistant secretary of defense for Health Affairs, told the military personnel subcommittee of the House Armed Services Committee during a hearing Oct. 19.

"The increase in health care cost is not unique to the military," he said. "What is unique for us is the goal to provide world-class medical care for all those who have served and continue to serve our country."

Providing that level of care for 9 million beneficiaries while keeping it affordable for the long term is the primary goal, he said.

And just like the private sector, the military is facing many obstacles to achieving that goal. Winkenwerder said that caring for military retirees is the "principle underlying factor" of the rising costs. If trends continue, officials estimate that by fiscal 2009, 75 percent of the budget will be spent on paying for retiree health care.

"Just 20 to 25 percent [of the budget] will be spent on active duty service members and their families," he said.

Other contributing factors include rising pharmacy costs. This can be linked, in part, to implementation of the TRICARE Reserve Select coverage, which expands benefits to reserve-component personnel and their family

members who meet eligibility. A pharmacy benefits program with a standardized drug formula helping to keep the \$5 billion pharmacy budget from growing larger.

Legal opposition from large drug companies has stymied DoD's attempts to obtain retail discounts

TRICARE contracts fully implemented in fiscal 2005 use best-practice principles aimed at improving beneficiaries' satisfaction and controlling private-sector costs. Other cost-management measures include a performance-based management of military medical facilities and a quality-management program to help control costs.

Cost is only one issue the military health system is facing. Senior medical officials from the military service also addressed attracting and retaining medical personnel.

Army and Navy officials reported that medical school scholarships available for service members went unclaimed this year. Recruiting and retaining certain medical personnel has largely been affected by operations tempo, Vice Adm. Donald C. Arthur, the Navy's surgeon general, said.

"We've only deployed 40 percent of our medical force," he said. "But in that 40 percent are all of our surgeons, our anesthesiologists, our [operating room] technicians. And those people are growing weary of the constant deployment - two or three or more times. Our challenges are in recruiting those ... specialties."

Officials hope that more predictable deployment windows will help with retention, Arthur said, adding that the three services are working together to look at recruiting strategies.

The Air Force reported no problems with health-professions scholarships going

unclaimed this year, Lt. Gen. George P. Taylor, Air Force surgeon general, said. The Air Force and the other services are suffering from the same nursing shortage that's affecting the private sector. Taylor said several factors affect recruiting and retention.

"There is ... a fair amount of uncertainty in the force now, because of not only the warfight and the probability and the chances of deployment," Taylor said, "but also coming through the Base Realignment and Closure process."

BRAC has caused military medical personnel to wonder what and how the changes will affect them, he said.

The panel praised the military's medical force and strides made in improving battlefield survival. Placing state-of-the-art surgical and medical care far forward on the battlefield has enhanced battlefield health care for operations Enduring Freedom and Iraqi Freedom, Maj. Gen. Joseph G. Webb, Army deputy surgeon general, said. It is this ability to treat an injury within minutes of it occurring that has saved so many lives.

"In [Iraq], more than 91 percent of all casualties have survived their wounds, the highest survivability rate of any U.S. conflict," Webb said.

The panel also mentioned the preparations being made should there be an avian influenza pandemic. Commands have been provided with information and are planning their responses, Winkenwerder said. About 2.5 million courses of Tamiflu, a drug to treat the flu, will be received within the next month, and DoD is working on an agreement to ensure service members get several million of the first available doses of an avian influenza vaccine currently in development.

"Our first obligation, in order to help in a situation, is to have our own people protected," he said. "We're working on all fronts and we're making good progress."

Winkenwerder also lauded the military medical force's response to natural disasters and humanitarian issues citing the response to the tsunami in southeastern Asia and hurricanes Katrina and Rita in the southern United States and natural disasters in Guatemala and Pakistan. He said that the department's medical assets can provide unique assets found nowhere else.

"Once again, the department and the Military Health System demonstrated substantial and unique capabilities of support for humanitarian operations," he said.

### VA warns of telephone prescription scam

VA

The Department of Veterans Affairs is warning veterans not to give credit card numbers over the phone to callers claiming to update VA prescription

information.

"Some unscrupulous scammers have targeted America's veterans, especially our older veterans," said R. James Nicholson, secretary of Veterans Affairs. "VA does not call

veterans and ask them to disclose personal financial information over the phone."

The latest scam, currently centered in the Midwest, comes from callers who identify themselves

as working for the "Patient Care Group." They say VA recently changed procedures for dispensing prescriptions and ask for the veteran's credit card number.

"VA has not changed its processes for dispensing prescription medicines," Nicholson said. "And we've definitely not changed our long-standing commitment to protect the personal information of our veterans."

Veterans with questions about VA services should contact the nearest VA medical center or call, toll-free, 1-877-222-8387.

For information, visit the VA Web Site, <http://www.va.gov> and <http://www1.va.gov/opa/pressrel/PressArtInternet.cfm?id=1037>.



### Last chance to purchase TRICARE Reserve Select

*TRICARE Management Activity*

The last day for certain members and some former members of the National Guard and Reserve to execute a service agreement with their Service/Reserve Component to purchase TRICARE Reserve Select, is Oct. 28, 2005.

TRS is a Department of Defense program that offers comprehensive health coverage similar to TRICARE Standard and Extra.

National Guard and Reserve members who served on active duty for more than 30 days in support of a contingency operation on or after Sept. 11, 2001, and whose last day of active duty service was on or before April 26, 2005, have until Oct. 28 to execute the service agreement. If a service agreement is not final by that date, they lose their opportunity to purchase TRS coverage based upon any active service that ended on or before April 26, 2005.

To purchase TRS coverage, members of the National Guard and Reserve must enter into a service agreement (DD Form 2895) with their Service/Reserve Component. After the service agreement has been executed and signed by the member and the Service/Reserve Component,

the member must submit a completed TRS enrollment application and one-month's premium (\$75 for self or \$233 for self and family member coverage) to their TRICARE regional contractor to enroll.

TRS coverage for these members and their covered family members begins the day the service agreement is signed by the Service/Reserve Component or the first day after health care benefits under the Transitional Assistance Management Program end for members, whichever is later.

RC members will need to get the service agreement and the TRS enrollment application through the TRS link on the Guard-Reserve Portal at [www.dmdc.osd.mil/Guard-ReservePortal](http://www.dmdc.osd.mil/Guard-ReservePortal). Instructions are available on the Web site. Other TRS-related information, including a TRS handbook, Reserve Component contacts and a list of TRICARE regional contractors are available on the TRICARE Web site, [www.tricare.osd.mil/reserve/reserveselect](http://www.tricare.osd.mil/reserve/reserveselect).

### Understanding the risks of Body Piercing



<http://www.uweb.ucsb.edu/~j-rad/pictures/lip1.jpg>

**Marcie Birk**  
*CHPPM*

For more than 5,000 years, body piercing has been used as part of cultural rituals or for cosmetic reasons. Over the past 25 years, body piercing's popularity has increased dramatically in Western society as a fashion statement or a form of self-expression. However, piercing body parts can lead to allergic reactions, disfiguring scars, or infections.

The earlobe and upper ear cartilage are commonly pierced sites. Other piercing sites include eyebrows, nose, lips, tongue and navel.

On an Army installation or other places under Army control, Soldiers are subject to specific regulations regarding body piercing both on and off duty. Army Regulation 670-1, 1-14c states "Soldiers may not attach, affix, or display objects, articles, jewelry, or ornamentation to or through the skin..."

Female Soldiers may wear prescribed earrings while in uniform, but even ear piercing poses risks.

Allergic reaction and infection are common risks of body piercing. Itchy, red skin may be a sign of allergic reaction to piercing jewelry.

The only cure is to remove the jewelry and replace it with jewelry made with another metal such as stainless steel, silver or gold.

According to the Mayo Clinic, up to 30 percent of piercings result in bleeding or infections. Infections in upper ear piercings are especially serious because antibiotics can't

reach cartilage which has no blood supply. Cartilage infections can lead to permanent ear deformity.

Other risks of body piercings include blood-borne diseases like hepatitis B, tetanus, or Human Immunodeficiency Virus which can be passed from one customer to the next by contaminated equipment. The risk of tongue or lip piercings is injury to the gums and teeth.

"Tongue piercings are often accidentally bitten, causing chipped, cracked or broken teeth," said Maj. Georgia de la Cruz, U.S. Army Center for Health Promotion and Preventive Medicine Dental staff officer.

De la Cruz advises against oral piercings and tells Soldiers, "You don't need any more holes in your head."

Despite the health risks, body piercing continues to be popular.

Those who insist on body piercing should take the following precautions.

- Get the piercing from someone certified by the Association of Professional Piercers. Visit <http://www.safepiercing.org/index.html>.
- Call a local or state health department to ensure the studio has no health code violations.
- Call the local Better Business Bureau to check for consumer complaints against the studio.
- Avoid piercings from piercing guns which can't be adequately disinfected.
- Tour the studio to make sure it is clean and orderly. Ask staff the following questions:
  - Are piercings done with sterile needles that have never been used before?
  - Is non-disposable equipment sterilized in an autoclave?
  - Are tables, sinks, drawer handles, etc., cleaned with commercial disinfectant or bleach solution?
  - Are staff required to wash their hands before piercing and wear fresh latex gloves?

Risks of body piercing can be decreased but not eliminated. Do research if thinking about taking the plunge. It may only take a minute to get a body piercing, but a lifetime of regret could follow.

### Civilian PT

*From page 3*

when it came to the floor exercises. I simply could not do as many repetitions as she could.

Have you ever tried lifting both of your legs at the same time - straight up, held together and toes pointed - while laying flat on your back?

"Don't worry," Boozier said. "I've been doing this for sixteen years."

Sixteen years, now that is endurance.

I used to think PT was just about becoming stronger and faster. But after this third day, it looks like those two goals are the most easily attained.

It's starting to dawn on me that a Soldier's endurance--the ability to be stronger and faster for as long as it takes to complete this mission--is the even greater goal. Soldier fitness isn't a sprint. In Boozier's case, it's 16 years of extra workouts and extra repetitions.

**Day four: All for one PT with advanced individual training students**

My last day of PT started earlier than any of the others. The alarm clock insisted I get up at

four in the morning. It's a good thing too, because my sore and weary body was expected at Company A, 143rd Ordinance Battalion headquarters building by 5:15 a.m.

I warmed up alongside approximately 150 AIT Soldiers. Most of them were just out of Basic Training, newly embarking on their careers in the Army. It was struggling to achieve 50 degrees Fahrenheit outside.

I wish I could properly convey the feeling it gives you to stand behind a sea of Soldiers, jumping, stretching and shouting cadence in unison. It's as if you're not just exercising your body, but also your ability to be part of the team. The drill sergeants are there to motivate you, but as a member of the team, it's a duty that also falls on every other Soldier you're training with.

"This here, he's just my little brother from another mother," one 31-year-old Soldier told me.

He was referring to a fellow AIT trainee, 12 years his junior.

"I will continue to push him, long after we leave these barracks," the elder Soldier said.

For the two-mile run, the Soldiers split up into skill level groups. This way, everyone runs

together.

The natural competition on the runs allows for each group to push the bar, but still keep it within reach of every person in the running group.

Eventually, the bar is high enough for the Soldiers to go up in skill level, and start the process all over again.

The slogan may be "An Army of One," but on this final day of PT it was clear that every Soldier needs the support and push from his or her peers to meet and exceed standards.



Photo by CONRAD JOHNSON, RDECOM  
*Soldiers from the 143rd Ordinance Battalion practice pre-dawn push-ups.*